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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
28649	**Charlestown Early Learning Center, Inc.**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **Preschool servicing 3,4, and 5 year old children**

5. Principal office address	City	State	Zip
Cross Mills, P.O. Box 220	**Charlestown**	**RI**	**02813**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Margaret Kelley	**4380 Old Post Rd.**	**Charlestown**	**RI**	**02813**

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Bernice Simmons	**Old Mill Rd.**	**Charlestown**	**RI**	**02813**

Treasurer Name	Street Address	City	State	Zip
John P. Kelley	**4380 Old Post Rd.**	**Charlestown**	**RI**	**02813**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
Margaret Kelley, John Kelley, Bernice Simmons	**(see above)**	**Charlestown**	**RI**	**02813**
Arthur Smith	**50 Highview Ave**	**Hope Valley**	**RI**	**02832**

Director Name	Street Address	City	State	Zip
Laura Roebuck	**54 Perrywinkle Rd.**	**Wakefield**	**RI**	**02879**
Maureen Areglado	**2 Partridge Run**	**Charlestown**	**RI**	**02813**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
AUG 28 2015
BY 10693

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

AUG 28 2015

FILED

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Margaret M. Kelley 8-26-15
Signature of Officer or Authorized Representative Date

Margaret M. Kelley
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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